



1Fw 2178 \$ CC

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| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number     | 09/754,415         |
|                                                                                     | Filing Date            | January 2, 2001    |
|                                                                                     | First Named Inventor   | Rank               |
|                                                                                     | Group Art Unit         | 2178               |
|                                                                                     | Examiner Name          | Vaughn, Gregory J. |
| Total Number of Pages in This Submission                                            | Attorney Docket Number | 30014200-1078      |

| ENCLOSURES (check all that apply)                                                                                                                                                                                                                                                                                      |                                                                                       |     |                                              |                                                                     |                                                                                        |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----|----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> Transmitted herewith is Amendment "B"                                                                                                                                                                                                                                              |                                                                                       |     |                                              |                                                                     |                                                                                        |                          |
| <input checked="" type="checkbox"/> The fee has been calculated as shown below:                                                                                                                                                                                                                                        |                                                                                       |     |                                              |                                                                     |                                                                                        |                          |
| (1)<br>FOR                                                                                                                                                                                                                                                                                                             | (2)<br>CLAIMS<br>REMAINING AFTER<br>AMENDMENT                                         | (3) | (4)<br>HIGHEST NO.<br>PREVIOUSLY PAID<br>FOR | (5)<br>PRESENT<br>EXTRA                                             | (6)<br>RATE                                                                            | (7)<br>ADDITIONAL<br>FEE |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                           | 16                                                                                    | -   | 20                                           | 0                                                                   | <input type="checkbox"/> x \$25.00<br><input type="checkbox"/> x \$50.00               | \$0                      |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                     | 2                                                                                     | -   | 3                                            | 0                                                                   | <input type="checkbox"/> x \$100.00<br><input type="checkbox"/> x \$200.00             | \$0                      |
|                                                                                                                                                                                                                                                                                                                        | APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR. |     |                                              | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> x \$180.00<br><input type="checkbox"/> x \$360.00<br>ONE TIME | \$0                      |
|                                                                                                                                                                                                                                                                                                                        | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT                                               |     |                                              |                                                                     |                                                                                        | \$0                      |
| <input checked="" type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated <u>January 13, 2005</u> by <u>one</u> month(s) for a fee of <u>\$120</u> so that the period for response is extended to <u>May 13, 2005</u> under 37 C.F.R. § 1.321. |                                                                                       |     |                                              |                                                                     |                                                                                        |                          |
| <input type="checkbox"/> The amount of \$_____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed credit card payment form to charge .                                                                                                                                                    |                                                                                       |     |                                              |                                                                     |                                                                                        |                          |
| <input checked="" type="checkbox"/> The enclosed credit card payment form to charge the amount of <u>\$120</u> to cover the total claim fee and other applicable fees.                                                                                                                                                 |                                                                                       |     |                                              |                                                                     |                                                                                        |                          |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the extension fee and any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. <b>A duplicate of this sheet is enclosed.</b>                                                                |                                                                                       |     |                                              |                                                                     |                                                                                        |                          |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT                                                                                                                                                                                                                                                                             |                                                                                       |     |                                              |                                                                     |                                                                                        |                          |
| 14. <input checked="" type="checkbox"/> Customer No. 26263                                                                                                                                                                                                                                                             |                                                                                       |     |                                              |                                                                     |                                                                                        |                          |
| Dated: <u>April 14, 2005</u>                                                                                                                                                                                                                                                                                           |                                                                                       |     |                                              | <br>Thomas J. Burton (Registration No. 47,464)                      |                                                                                        |                          |

| CERTIFICATE OF MAILING                                                                                                                                                                                                                                                                          |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below. |                        |
| Dated: <u>April 14, 2005</u>                                                                                                                                                                                                                                                                    | <br>Lynne M. Anglemire |



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Patent Application of:**

Group Art Unit: 2178

Rank

Examiner: Vaughn, Gregory J.

Application No. 09/754,415

Filed: January 2, 2001

For: METHOD FOR DYNAMIC FUNCTION  
LOADING IN SPREADSHEETS ON SMALL  
DEVICES

I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 14, 2005.

Lynne M Anglemire  
Lynne M. Anglemire

MAIL STOP AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

### **AMENDMENT “B”**

Dear Sir:

This Amendment is submitted in response to the Office Action mailed January 13, 2005.

Applicant respectfully requests amendment of the patent application, and reconsideration and allowance of the pending claims.

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